

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1719

600
 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. 194	PRIMARY REG. DIST. NO. 5710	Registrar's No. 3
1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center		c. LENGTH OF STAY (in this place) 32 yr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Center	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 1 1/2 Mile, South of Powell Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Effie b. (Middle) Orilla c. (Last) Cooper		4. DATE OF DEATH (Month) (Day) (Year) 2 - 2 - 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/15/1883	9. AGE (in years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert David		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE T.G. Cooper	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS T.G. Cooper, Powell, Missouri.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septicemic States DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr 1 yr 4222
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 1 - 1949, to 2-2, 1950 that I last saw the deceased alive on 19, and that death occurred at 1:30 p.m., from the causes and on the date stated above.				
23a. SIGNATURE D. E. Plummer		23b. ADDRESS 178 W. Morris Hoyne Weston, Mo.	23c. DATE SIGNED 2-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 10 1950	24c. NAME OF CEMETERY OR CREMATORY Roller Cemetery	24d. LOCATION (city, town, or county) (State) Powell, Missouri	
DATE REC'D BY LOCAL REG. Feb. 7, 1950	REGISTRAR'S SIGNATURE D. E. Plummer	25. FUNERAL DIRECTOR'S SIGNATURE W. Morris	ADDRESS Hoyne Weston, Mo.	

RECEIVED FEB 10 1950

District Health Office No. 6

District File Number 258-183

Date Filed 2-10-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

James Kenyth Duncan

Student Embalmer No. 308

working under my personal supervision.

Student

Kenyth Duncan
Student Embalmer

Signed

Wm Maria Rogue

Licensed Embalmer No. 5442

P. O. Address Wheaton Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.